

Supplement D
Department of Information Technology
ACTION AGENDA

_____, 20__

Agency Contact: *name/phone number*
 e-mail address
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__-IT-MOD. **DEPARTMENT OF HEALTH & MENTAL HYGIENE**
 Program Name

Contract ID: Contract Title
 DHMH-OPASS Contract #; M00B_____, COF_____

Contract Approved: DoIT Item # and BPW date

Contractor: Vendor Name and State

Contract Description: Provide contract description.

Modification Description: Provide mod description.

Original Term: start and end dates

Modification Term: mod start and end dates

Original Amount: enter approved amount

Modification Amount: enter mod amount

Revised Total Contract Amount: enter amount

Percent +/- (This Modification): enter percent

Original Procurement Method: enter procurement method

MBE Participation: enter Goal

Remarks: enter remarks

Fund Source: enter fund source

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Approp. Code: enter

Resident Business: enter

MD Tax Clearance: enter

BOARD OF PUBLIC WORKS

THIS ITEM WAS:

APPROVED

DISAPPROVED

DEFERRED

WITHDRAWN

WITH DISCUSSION

WITHOUT DISCUSSION